MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05829

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON
LENGTH OF STAY (In this place) 15 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) NETTIE (Middle) MARIE (Last) ARMENT

4. DATE OF DEATH (Month) JUNE (Day) 29 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) MARRIED
8. DATE OF BIRTH JULY 7, 1905
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT PROPRIETRESS
10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME SAMUEL URIE
14. MOTHER'S MAIDEN NAME ANNIE DOWNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No.
17. INFORMANT NORRIS ARMENT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 30, 1949, to 6 30, 1949 that I last saw the deceased alive on June 24, 1949, and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE H G Simpson (Degree or title) M D ADDRESS Charlestown DATE SIGNED 6-31-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) BURIAL
DATE THEREOF JULY 2, 1949
NAME OF CEMETERY OR CREMATORY STILL POND
LOCATION (City, town, or county) STILL POND (State) MD.

DATE REC'D BY LOCAL REG. July 1-1949
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR B. R. Fellows ADDRESS Still Pond, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 5 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05830

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WORTON, MD.
LENGTH OF STAY (In this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WORTON, MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) T. (Middle) ELMER (Last) ATWELL

4. DATE OF DEATH: (Month) JUNE (Day) 10 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV 19 1896

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): KENNEDYVILLE MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH W. ATWELL

14. MOTHER'S MAIDEN NAME: IDA VIRGINIA SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 217-01-1413

17. INFORMANT: MRS. LILLIAN ATWELL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Endocarditis.	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Interstitial Nephritis	6 months
	(c)	

42.4
13.a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to June 10, 1949, that I last saw the deceased alive on June 10th 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. P. Atwell ADDRESS: Still Pond DATE SIGNED: 6/10/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): BURIAL
DATE: JUNE 13, 1949
NAME OF CEMETERY OR CREMATORY: STILL POND CEMTY
LOCATION (City, town, or county) (State): STILL POND, MD.

DATE REC'D BY LOCAL REG.: June 13-1949
REGISTRAR'S SIGNATURE: Clara L. Barnes.
24. FUNERAL DIRECTOR: B.R. Fellows ADDRESS: Still Pond, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05831

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent — Chestertown — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) Water Street

3. NAME OF DECEASED (Type or Print): (First) Jefferson (Middle) D (Last) Bacchus

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 3, 1861

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Coal + Lumber

11. BIRTHPLACE (State or foreign country): Kent County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bacchus

14. MOTHER'S MAIDEN NAME: Susan Arthur

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	12 mos
422.1 Antecedent cause(s)	(b) Chronic cystitis	18 mos
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31, 1949 to 6-6, 1949, that I last saw the deceased alive on 6-6-, 1949 and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE: A. C. Dick — (Degree or title): M.D. — ADDRESS: Chestertown, Md. — DATE SIGNED: 6-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/9/49 — NAME OF CEMETERY OR CREMATORY: Chestertown Cem. — LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: June 7-1949 — REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR — ADDRESS: J. Willis Wells - Chestertown, Md.

VS. A15

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JUN 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05832

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville | LENGTH OF STAY (in this place) 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kennedyville COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville Md.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Callaw (Last) Dempsey

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 21, 1883

9. AGE last birthday: 66 yrs. | If under 1 year: Months. | Days 17 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General Merchandise

11. BIRTHPLACE (State or foreign country): Baton Rouge Louisiana

12. CITIZEN OF WHAT COUNTRY?: —

13. FATHER'S NAME: Theodore Dempsey

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Duhamell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Edith C. Dempsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of pancreas — Interval between onset and death: 9 mos?

157 Antecedent cause(s)

469 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27 19 49, to June 1, 19 49, that I last saw the deceased alive on May 30, 19 49 and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Theodore F. Paprocki M D — June 1, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 4 1949 | NAME OF CEMETERY OR CREMATORY: Galena | LOCATION (City, town, or county) (State): Galena Md.

DATE REC'D BY LOCAL REG.: June 2, 1949 | REGISTRAR'S SIGNATURE: Edward Fellows | 24. FUNERAL DIRECTOR: E R Fellows | ADDRESS: Still Pond, Md

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JUN 7 1949
BUREAU T. S.

05833

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown RD — LENGTH OF STAY (in this place) 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown RD
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) James H. (Middle) Foreman (Last)
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Oct 19, 1892
9. AGE last birthday 56 yrs. — If under 1 year: Months 8, Days 8 — If under 24 hrs.: Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Kent Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alonza P. Foreman
14. MOTHER'S MAIDEN NAME Martha Hurd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 213-24-1091
17. INFORMANT Eliza Foreman (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Obstruction — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis — several yrs

420.1 93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐ None
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank Hines MD (Degree or title) Dept. Med Exam. — ADDRESS Chestertown Md — DATE SIGNED June 28/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial — DATE THEREOF 6-30-49 — NAME OF CEMETERY OR CREMATORY Union Cemetery — LOCATION (City, town, or county) Worton, Kent Co. (State) Md

DATE REC'D BY LOCAL REG. June 29-1949 — REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Jessie W. Usilton — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05834

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) 315 Cannon St

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Douglas (Last) Gland

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 1878

9. AGE last birthday: 70 yrs. | If under 1 year: Months 3 | Days 3 | If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Kent Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levi Gland

14. MOTHER'S MAIDEN NAME: Martha Sheppard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Laura Gland — wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Vascular	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	1 year
443 934	(c) Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19—, to June 23, 1949, that I last saw the deceased alive on June 23, 1949, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

David Smith Chestertown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF June 28 1949 | NAME OF CEMETERY OR CREMATORY Quaker Neck | LOCATION (City, town, or county) Chestertown (State) Md

DATE REC'D BY LOCAL REG. July 1 - 1949 | REGISTRAR'S SIGNATURE Clara B. Barnes

24. FUNERAL DIRECTOR Lewis Hermy | ADDRESS Chestertown Md

RECEIVED
JUL 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05835

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — Chestertown — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lynch
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) Fletcher (Last) Kendall

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Jan. 31, 1896 | 9. AGE last birthday: 53 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Fletcher | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism — 14 hrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

153
46e

(b) Carcinoma of descending colon — 1 year ?

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 27, 1949 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of descending colon | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1949, to June 2, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at 8:05 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

A. C. Wide | M.D. | Chestertown, Md. | June 2, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 5, 1949 | NAME OF CEMETERY OR CREMATORY: Chester | LOCATION (City, town, or county): Chestertown | (State): Maryland

DATE REC'D BY LOCAL REG.: June 4-1949 | REGISTRAR'S SIGNATURE: Clara L. Barnes. | 24. FUNERAL DIRECTOR, ADDRESS: Wavin C. Williams - Chestertown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 8 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

TR 05836

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Albert (Last) Kenworthy Jr
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: March 25, 1889
9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Steel Industry
11. BIRTHPLACE (State or foreign country): Poughkeepsie, NY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Albert Kenworthy
14. MOTHER'S MAIDEN NAME: Harriett Haffee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dissecting abdominal Aneurysm — Interval between Onset and Death: 7 hrs

Antecedent cause(s)

561.0 30d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Strangulation of omentum in left inguinal hernia — 9 hours

19a. DATE OF OPERATION: 6-5-49
19b. MAJOR FINDINGS OF OPERATION: Strangulated omentum
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1949, to June 6, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE: A.A. Vick — (Degree or title): M.D. — ADDRESS: Chestertown, Md. — DATE SIGNED: 6-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 8-49 — NAME OF CEMETERY OR ~~CREMATORY~~: Poughkeepsie Rural — LOCATION (City, town, or county): Poughkeepsie (State): New York

DATE REC'D BY LOCAL REG.: 6/7/49 — REGISTRAR'S SIGNATURE: Clara L. Barnes. — 24. FUNERAL DIRECTOR: Barton Bros — ADDRESS: Centreville Md

RECEIVED
JUN 9 1949
BUREAU V. S.

05837

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~251~~ 200

1. PLACE OF DEATH COUNTY: Queen Anne — Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Millington Md COUNTY: Queen Anne Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) F. (Middle) HOWARD (Last) NICKERSON — 4. DATE OF DEATH (Month) June (Day) 28 (Year) 1949

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: Oct 13 1878 — 9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm — 10b. KIND OF BUSINESS OR INDUSTRY: Farm Labor — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: William Nickerson — 14. MOTHER'S MAIDEN NAME: Sarah unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mrs James Legg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.2 Immediate cause (a) Angina Pectoris — Sudden

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ch. Myocarditis — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis — 5 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to June 28, 1949, that I last saw the deceased alive on June 27, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Merritt Brice — ADDRESS: Millington Md — DATE SIGNED: 7-28-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 2 1949 — NAME OF CEMETERY OR CREMATORY: Millington — LOCATION (City, town, or county): Millington (State): Md

DATE REC'D BY LOCAL REG.: July 2 1949 — REGISTRAR'S SIGNATURE: Edward Fellows — 24. FUNERAL DIRECTOR: Edward Fellows — ADDRESS: Millington Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05838

CERTIFICATE OF DEATH

Reg. Dist. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton
MARYLAND
LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton Md
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Catherine (Last) Rol

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 17 1882

9. AGE last birthday: 67 yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kent Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John S. Silcox

14. MOTHER'S MAIDEN NAME: Sarah E. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Clarence Rol

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Endocarditis.	1 week.
594 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1248	(b) Arterial Sclerosis.	Unknown.
	(c) Interstitial Nephritis	6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis 2 Liver

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN): Betterton (COUNTY): Kent (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1949, to June 21, 1949, that I last saw the deceased alive on June 21st, 1949, and that death occurred at 7A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. P. Atwell M.D. ADDRESS: Still Pond DATE SIGNED: 6/23/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 24/49
NAME OF CEMETERY OR CREMATORY: Still Pond Cemetery
LOCATION (City, town, or county): Still Pond (State): Md

DATE REC'D BY LOCAL REG.: June 23 1949
REGISTRAR'S SIGNATURE: Clara S. Barnes

24. FUNERAL DIRECTOR: B R Wallows ADDRESS: Still Pond Md

VS. A15

RECEIVED
JUN 25 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05839

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Chestertown

3. NAME OF DECEASED (Type or Print) (First) Ophelia (Middle) Rebecca (Last) Fossa Smart
4. DATE OF DEATH (Month) June (Day) 22 (Year) 1949
5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 24 1864
9. AGE last birthday 84 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jas. V. Cook
14. MOTHER'S MAIDEN NAME Mary Eliz. Dorsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Bertha V. Campher Daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Arterio Sclerosis — Strain yr

334

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arterio Sclerosis

97

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐ None
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank Hines MD (Degree or title) Dep. Dep. Med. Exam. Kent Co. Md — ADDRESS Chestertown Md — DATE SIGNED June 22/49

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 7-25-49 — NAME OF CEMETERY OR CREMATORY Md Obst. — LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. June 22, 1949 — REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Lewis A. Henry — ADDRESS Centreville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05840

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 12 days; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill; STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Tilden (Middle) E (Last) Storey

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 6, 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Workman

10b. KIND OF BUSINESS OR INDUSTRY: Munitions

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Storey

14. MOTHER'S MAIDEN NAME: Alice Legg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 218-20-5832

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 1st, 2d, 3d + 4th degree burns of hands, arms, back, face, knee — 7 days

914.3 Antecedent cause(s)

193 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 10 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Factory; (CITY OR TOWN) Chestertown; (COUNTY) Kent; (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) June 16, 1949 3 p.m.; INJURY OCCURRED While at Work ☒ Not While At work ☐; HOW DID INJURY OCCUR? While cutting fuses, fire occurred.

22. I hereby certify that I attended the deceased from 6-16, 1949, to 6-23, 1949, that I last saw the deceased alive on June 22, 1949, and that death occurred at 5:40 A.m., from the causes and on the date stated above.

SIGNATURE: A. C. Dick (Degree or title) Acting M.D. DME ADDRESS: Chestertown, Md. DATE SIGNED: 6-23-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: June 25 | NAME OF CEMETERY OR CREMATORY: Crumpton | LOCATION (City, town, or county) (State): Crumpton Md.

DATE REC'D BY LOCAL REG.: June 27-1949 | REGISTRAR'S SIGNATURE: Clara S. Barnes | 24. FUNERAL DIRECTOR: Edgar L. Lane | ADDRESS: Church Hill

VS. A15

RECEIVED
JUN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05841

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WORTON; MARYLAND; LENGTH OF STAY (In this place) 50 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WORTON; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ALEXANDER (Middle) (Last) WILMORE

4. DATE OF DEATH: (Month) JUNE (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: about UNKNOWN, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM WORK

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS WILMORE

14. MOTHER'S MAIDEN NAME: MARIA TILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: JOHN WILMORE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

400.2 94.6

(c) Arterial Sclerosis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Starvation

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1949, to June 24 1949, that I last saw the deceased alive on June 23, 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. P. Atwell	M.D.	Still Pond Md.	

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JUNE 27, 1949	COLEMANS	WORTON MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26-1949	Clara L. Barnes.	B.R. Fellows	Still Pond, Md.

RECEIVED
JUN 28 1949
BUREAU V. S.